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Application Number	10/538,552
Filing Date	01/26/2006
First Named Inventor	Wallukat
Title	Identification of Agonistic
Art Unit	1644
Examiner Name	D. A. Sauders
Attorney Docket Number	3035-111

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/06) submitted herewith or filed on ...

SIGNATURE of Applicant or Assignee of Record

Signature	<i>Corneila Lanz</i>	Date	
Name	Corneila Lanz	Telephone	
Title and Company	Administrative Director	Scientific Director	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 2 forms are submitted.

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